

NY STATE CLIENT SEMI-ANNUAL REPORT

CSR 52437

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐Report Period: ☒ January/June ☐ July/DecemberType of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 57582

FOR OFFICE USE ONLY

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132363

HAND DELIVERED

END AUG 08 2013

RECEIVED JUL 15 2013

C# 57582 \$50-

II Client Information

Name: BUILDERS ASSOCIATION (NYS)

Permanent Business Address: 152 WASHINGTON AVENUE, LOWER LEVEL

City: ALBANY

State: NY

ZIP code: 12210

Business Phone: 518-465-2492

Fax Number: 518-465-0635

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ DesignatedLevel of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: BUILDERS ASSOCIATION (NYS)

Phone Number: 518-465-2492

Address: 152 WASHINGTON AVENUE, LOWER LEVEL

City: ALBANY

State: NY

ZIP code: 12210

Compensation for current period: \$40664 .00

B Type of Lobbyist: ☒ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: WHITEMAN OSTERMAN & HANNA LLP

Phone Number: 518-487-7741

Address: ONE COMMERCE PLAZA, SUITE 1900

City: ALBANY

State: NY

ZIP code: 12260

Compensation for current period: \$31378 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$72042 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 7148	.00
C Itemize each expense exceeding \$75:		
PAID TO: WHITEMAN OSTERMAN & HANNA LLP	DATE: 06 / 30 / 2013	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSES	AMOUNT: \$ 931	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$8079	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Buffalo Niagara Builders

or
Single Source Person's Last Name: First Name:

Address: 90 Sylvan Pkwy

City: West Amherst State: NY ZIP code:

Phone: (716) 636-9655

Date Contribution Received: 04 / 25 / 2013 Amount of Contribution: \$ 1772 .00

Date Contribution Received: 05 / 06 / 2013 Amount of Contribution: \$ 1775 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: HBRA of Central New York

or
Single Source Person's Last Name: First Name:

Address: 3675 James St

City: Syracuse State: NY ZIP code: 13206

Phone: (315) 463-6261

Date Contribution Received: 03 / 25 / 2013 Amount of Contribution: \$ 3091 .00

Date Contribution Received: 04 / 16 / 2013 Amount of Contribution: \$ 1623 .00

Date Contribution Received: 05 / 23 / 2013 Amount of Contribution: \$ 738 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Capital Region Builders & Remodelers Assoc

or
Single Source Person's Last Name:

First Name:

Address: 1202 Troy-Schenectady Rd

City: Latham

State: NY

ZIP code: 12210

Phone: (518) 690-0766

Date Contribution Received:	02	/05	/2013	Amount of Contribution:	\$1316	.00
Date Contribution Received:	02	/27	/2013	Amount of Contribution:	\$1770	.00
Date Contribution Received:	03	/08	/2013	Amount of Contribution:	\$2876	.00
Date Contribution Received:	04	/16	/2013	Amount of Contribution:	\$2139	.00
Date Contribution Received:	05	/23	/2013	Amount of Contribution:	\$1401	.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 4**

Single Source Entity's Name: Builders Assoc of the Hudson Valley

or
Single Source Person's Last Name:

First Name:

Address: 1161 Little Britain Rd

City: New Windsor

State: NY

ZIP code: 12553

Phone: (845) 567-6600

Date Contribution Received:	01	/30	/2013	Amount of Contribution:	\$1316	.00
Date Contribution Received:	02	/13	/2013	Amount of Contribution:	\$831	.00
Date Contribution Received:	03	/14	/2013	Amount of Contribution:	\$2213	.00
Date Contribution Received:	04	/18	/2013	Amount of Contribution:	\$1254	.00
Date Contribution Received:	05	/06	/2013	Amount of Contribution:	\$1247	.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 5**

Single Source Entity's Name: Long Island Builders Inst.

or
Single Source Person's Last Name:

First Name:

Address: 1757-8 Veterans Mem Hwy

City: Islandia

State: NY

ZIP code: 11749

Phone: (631) 232-2345

Date Contribution Received:	02	/06	/2013	Amount of Contribution:	\$1455	.00
Date Contribution Received:	03	/04	/2013	Amount of Contribution:	\$5266	.00
Date Contribution Received:	03	/25	/2013	Amount of Contribution:	\$4296	.00
Date Contribution Received:	04	/01	/2013	Amount of Contribution:	\$885	.00
Date Contribution Received:	04	/22	/2013	Amount of Contribution:	\$2633	.00

Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #6

Single Source Entity's Name: HBA of Mohawk Valley

or
Single Source Person's Last Name:

First Name:

Address: 728 Court Street

City: Syracuse

State: NY

ZIP code: 13502

Phone: (315) 624-0276

Date Contribution Received:	02 / 04 / 2013	Amount of Contribution:	\$516	.00
Date Contribution Received:	03 / 04 / 2013	Amount of Contribution:	\$516	.00
Date Contribution Received:	04 / 01 / 2013	Amount of Contribution:	\$738	.00
Date Contribution Received:	05 / 06 / 2013	Amount of Contribution:	\$738	.00
Date Contribution Received:	06 / 07 / 2013	Amount of Contribution:	\$959	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 7

Single Source Entity's Name: Building Industry Association of NYC

or
Single Source Person's Last Name:

First Name:

Address: 3130 Amboy Rd

City: Staten Island

State: NY

ZIP code: 10306

Phone: (718) 720-3070

Date Contribution Received:	03 / 14 / 2013	Amount of Contribution:	\$ 693	.00
Date Contribution Received:	04 / 16 / 2013	Amount of Contribution:	\$ 664	.00
Date Contribution Received:	05 / 06 / 2013	Amount of Contribution:	\$ 221	.00
Date Contribution Received:	06 / 19 / 2013	Amount of Contribution:	\$ 1106	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 8

Single Source Entity's Name: Queens & Bronx Building Assoc.

or
Single Source Person's Last Name:

First Name:

Address: 16-66 Bell Blvd Ste 745

City: Bayside

State: NY

ZIP code: 11360

Phone: (718) 428-3369

Date Contribution Received:	01 / 28 / 2013	Amount of Contribution:	\$831	.00
Date Contribution Received:	02 / 19 / 2013	Amount of Contribution:	\$1039	.00
Date Contribution Received:	03 / 04 / 2013	Amount of Contribution:	\$2148	.00
Date Contribution Received:	03 / 14 / 2013	Amount of Contribution:	\$811	.00
Date Contribution Received:	04 / 16 / 2013	Amount of Contribution:	\$1033	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #9

Single Source Entity's Name: Rochester Home Builders Assoc

or
Single Source Person's Last Name:

First Name:

Address: 20 Wildbriar Rd

City: Rochester

State: NY

ZIP code: 14623

Phone: (585) 272-8222

Date Contribution Received:	02	/06	/2013	Amount of Contribution:	\$2351	.00
Date Contribution Received:	03	/14	/2013	Amount of Contribution:	\$1415	.00
Date Contribution Received:	04	/04	/2013	Amount of Contribution:	\$1258	.00
Date Contribution Received:	05	/06	/2013	Amount of Contribution:	\$1936	.00
Date Contribution Received:	06	/19	/2013	Amount of Contribution:	\$1696	.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 10**

Single Source Entity's Name: Southern Tier Home Builders & Remodelers Assoc

or
Single Source Person's Last Name:

First Name:

Address: 2807 North St

City: Endwell

State: NY

ZIP code: 13760

Phone: (607) 785-9285

Date Contribution Received:	02	/22	/2013	Amount of Contribution:	\$704	.00
Date Contribution Received:	05	/06	/2013	Amount of Contribution:	\$1873	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$.00
Date Contribution Received:	/	/		Amount of Contribution:	\$.00
Date Contribution Received:	/	/		Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source #**

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions:



Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #4_____

Single Source(or Related or Affiliated) Entity's Name: Builders Assoc of the Hudson Valley

Single Source (or Related or Affiliated)Person's Last Name: First Name:

Address: 1161 Little Britain Rd

City: New Windsor

State: NY

ZIP code: 12553

Phone: (845) 567-6600

Date Contribution Received: 06 / 19 / 2013 Amount of Contribution: \$ 2139 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #5

Single Source(or Related or Affiliated) Entity's Name: Long Island Builders Inst.

or
Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 1757-8 Veterans Mem Hwy

City: Islandia

State: NY

ZIP code: 11749

Phone: (631) 232-2345

Date Contribution Received: 05 / 06 / 2013 Amount of Contribution: \$ 3256 .00

Date Contribution Received: 06 / 07 / 2013 Amount of Contribution: \$ 4434 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #8_____

Single Source(or Related or Affiliated) Entity's Name: Queens & Bronx Building Assoc.

Single Source (or Related or Affiliated)Person's Last Name: First Name:

Address: 16-66 Bell Blvd Ste 745

City: Bayside

State: NY

ZIP code: 11360

Phone: (718) 428-3369

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 1254 .00

Date Contribution Received: 06 / 12 / 2013 Amount of Contribution: \$ 1328 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:**VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

A1082 A1097 A1109 A1125 A1127 A1139 A1149 A1222
A1235 A1252 A1253 A1254 A1265A A1267A A1278 A1301
A1337 A1366A A1413 A1462 A1491 A1492 A1496 A1546
A1556 A1603 A1648 A1660 A1686 A1688 A1690 A1714
A1765 A1772 A1790 A1819 A1866 A1869 A1903 A1952
A2025 A2047 A2061A A2065 A2080 A2110 A2186 A2208
A2224 A2225 A2229 A2237 A2254 A2291 A2294 A2334
A2342 A2385 A2431 A2438 A2499 A2516 A2555 A2629

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:**VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rule Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

A2637 A2731 A2770 A2816 A2833 A2852 A2857 A2860
A2868 A2927 A2928 A2979 A3005D A3007D A3008D
A3009D A3020 A3030 A3055 A3080 A3089 A3098 A3104
A3200 A3205 A3206 A3210 A3211 A3212 A3220 A3314
A3315 A3316 A3317 A3412 A3417 A3475 A3479 A3502
A3509 A3556 A3568 A3569 A3574 A3582 A3618 A3722
A3729 A3754 A3866 A3892 A3893 A3904 A3945 A3947
A3973 A3993 A4015 A4033 A4064 A4093 A4112 A4114

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
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Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:**VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

A4117 A4160 A4163 A4188 A4223 A4338 A4347 A4373
A4376 A4380B A4384 A4393 A4404 A4475 A4499 A4533
A4688 A4689 A4769 A4835B A4896 A4968 A5030 A5068
A5089 A5095 A5117A A5156 A5159 A5166A A5177 A5189
A5196 A5200A A5211 A5223 A5233B A5234 A5236 A5250
A5259 A5301 A5327 A5351 A5398 A5404 A5467 A5472
A5620 A5657 A5710 A5743 A5820 A5826 A5847A A5900A
A5962 A5993 A6063 A6262A A6268 A6425A A6462 A6523

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:

--

VI Person, State Agency, Municipality or Legislative Body lobbied:

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VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A6558 A6570 A6583 A6693 A6777 A6803 A6842 A6870
A6930 A6945A A6979 A6996 A7005A A7058 A7109 A7137
A7154 A7155 A7269A A7297 A7314A A7322A A7326 A7329
A7407 A7512 A7537A A7609 A7641A A7645 A7783 A7801
A7833 A7855 A7878 A7887 A7916 A7931 A7963 A7995
A8009 A8082 S19 S22 S26 S44 S47 S59 S70 S74 S79 S111
S113 S130 S137 S159 S172 S184 S193 S197 S200 S231
S232 S245 S253 S303 S307 S319 S320 S347 S368 S436

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

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IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

--

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:**VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

S462 S474 S479 S516 S564 S585 S620 S626 S635 S671
S675 S682 S685 S719A S724 S726 S728 S795 S809 S812
S901 S931 S934 S977 S980 S985 S1000 S1001 S1027
S1045 S1074 S1075 S1096 S1145 S1149 S1169 S1215
S1216 S1217 S1218 S1227 S1229 S1242 S1244 S1300
S1376 S1397 S1423 S1475 S1487 S1488 S1535 S1546
S1598A S1619 S1624 S1629 S1642 S1664 S1669 S1675
S1710 S1717 S1718 S1729 S1738 S1760 S1798 S1808

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
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Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:

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VI Person, State Agency, Municipality or Legislative Body lobbied:

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VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S1817 S1819 S1820 S1860 S1872 S1887 S1931B S1974
S2034 S2044 S2046 S2047 S2048 S2082 S2091 S2102
S2121A S2125 S2128 S2164 S2165 S2206 S2264 S2273
S2285 S2291 S2444 S2456 S2487 S2488 S2523 S2529A
S2546 S2556 S2565 S2595 S2605D S2607D S2608D
S2609D S2635 S2638 S2693 S2697 S2739 S2747 S2769
S2816 S2917C S2986 S3003 S3041 S3085 S3116 S3155
S3156 S3158 S3159 S3160 S3165 S3167 S3173A S3176

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

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IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

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X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
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Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:

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VI Person, State Agency, Municipality or Legislative Body lobbied:

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VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S3177 S3183 S3192 S3223 S3237 S3256 S3308 S3323
S3334 S3359 S3362A S3364 S3383 S3415 S3424 S3425
S3484A S3504 S3517 S3526 S3581 S3584 S3623 S3660
S3667A S3670 S3681 S3702B S3714 S3736B S3742 S3813
S3843A S3848 S3851B S3854 S3942A S3956B S3977
S4022 S4037 S4038 S4054 S4072 S4190 S4214 S4224
S4225 S4333 S4338 S4399A S4400 S4412A S4421 S4467
S4533B S4586 S4610 S4632 S4642 S4685 S4690 S4710

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

--

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

--

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:	

V Subjects lobbied:

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VI Person, State Agency, Municipality or Legislative Body lobbied:

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VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4734 S4749A S4766 S4788 S4802 S4834 S4845 S4857
S4900 S5035 S5041A S5052A S5118 S5138 S5176 S5212A
S5245A S5247 S5260 S5304 S5310 S5318 S5474 S5553
S5654 S5694 S5772 S5777

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

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IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

--

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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VI Subjects lobbied:

ISSUES IMPACTING THE RESIDENTIAL CONSTRUCTION INDUSTRY; ALL ISSUES AFFECTING BUILDERS INCLUDING: TAXES, FINANCE, LABOR, LAW, RENT REG., ZONING AND ENVIRONMENTAL.

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

ASSEMBLY, SENATE, EXECUTIVE CHAMBER; DEPTS. OF STATE, LABOR, ENERGY, TAX, DHCR, ATTY GENERAL, GOVERNOR AND LEGISLATURE

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or prior description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A35 A39 A51 A61 A62 A98 A106 A145A A160 A168 A183 A189 A193 A202 A248 A253 A263 A307 A311 A355 A379 A417 A487A A491 A494 A498 A507 A516 A517 A527 A528 A529 A530 A543 A548 A584 A595 A627 A628 A645 A680 A682 A698 A709 A725 A736 A744 A750 A751 A758 A763 A774 A786 A827 A854 A856 A858 A885 A907 A911 A936A A966 A990 A994 A1039 A1040 A1047 A1048 A1072 A1081

☒ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

NONE

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

NONE

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc. lobbied:

NONE

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 7-15-13

PRINT NAME: LAST DUBUQUE

FIRST LEWIS

TITLE: EXECUTIVE DIRECTOR

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.